PROGRAM MANAGEMENT PLAN Program Name

Date of Execution

<u>PURPOSE OF PLAN</u>: The program management plan is a contract document that identifies all major responsibilities and tasks involved in successfully carrying out the program. It stipulates the person(s) responsible for all tasks and schedules and benchmark dates projected for all tasks. The plan also provides OVCS, the grantee's Board, and the Program Director with a method for monitoring the program's progress to help ensure its completion within the Program Year timeframe. It must be maintained and updated throughout the course of the Program Year.

The components of the plan include at least:

- 1. Program description, including the expected outcomes;
- 2. A management team roster with the roles and responsibilities of all persons involved in the implementation of the program clearly identified;
- 3. The method by which the Executive Director and Board will be kept informed as to the status of the program;
- 4. The method by which the Program Director and Site Supervisors will oversee and monitor all aspects of the program to assure timely and effective implementation;
- 5. The process for review, approval, submittal to OVCS for approval, and submittal to OVCS for payment of expense reports;
- 6. An identification of potential problems and complexities inherent to the program, and an analysis of how these will be anticipated and mitigated;
- 7. A comprehensive timeline of specific project benchmarks by which the administration and implementation of the program will be tracked and analyzed. Benchmarks should be specific dates by which tasks and subtasks will be completed; and
- 8. Signatures of, at a minimum, Chief Administrative Official/Executive Director, Program Director, and OVCS Program Officer.

Program Name

Program Year

1. **PROGRAM DESCRIPTION**:

Use the description from the program design, to include: primary grantee and all partners/sites; number of staff and number of members, by type and term; type of services/activities that members will be undertaking; outcomes that are expected and how they will be measured.

2. **PROGRAM TEAM ROSTER**: (attach explanation of roles and responsibilities of each person)

Name	Affiliation	Role
		Program Director
		Executive Director
		Site Supervisor
		Financial
		HR
		Training
		Community Partner
		Program Officer

The Program Team should have regular communication, and should compare the initial timeline with reality, and identify corrective measures if needed to get the program back on track to completion within the determined time frame. This group should always be looking at the "big picture" to be sure actions taken or not taken now will not create issues in the future.

3. **ID PROJECT OVERSIGHT PROCESS:** How will the grantee oversee the project?

- a. What process will be used to ensure that timeline and responsibilities are being met? How will necessary changes to the timeline be decided?
- b. Who will provide training to staff and members? Who will determine the need for additional training? How will members identify trainings that they deem necessary?

- c. Who will provide information for inclusion in monthly reports Program team members should provide timely updates to PD on their assignments and progress in meeting approaching deadlines.
- 4. <u>ID EXPENDITURE REVIEW AND PAYMENT PROCESS:</u> How will the Financial Manager make sure that payments are made in accordance with requirements? How will financial manager be notified of changes to the program? Whose signatures should appear on program expenditures? How will review be documented? What does grant administrator need from financial officer?
- 5. <u>ID POTENTIAL PROBLEMS:</u> Identify potential problems and what steps will be taken to avoid them.
 - a. Is any staff not familiar with AmeriCorps requirements? Do they need any training? If so, what kind?
 - b. Are there issues related to other funding sources that may impact our schedule or vice-versa?
 - c. File Maintenance (Member and Staff)
 - d. Other issues?

7. TIMELINE

Task	Person	Person(s)	Scheduled	Actual
	Solely Responsible	Providing Support	Completion Date	Completion Date
Pre-contract Activities –	Кезропзівіс	Зорроп	Daic	Baic
Submit Certification of Review of			7/14/14	If not already
Performance Measurement Tutorial			, ,	received
Submit Performance Measures in E-grants			7/14/14	If not already received
Submit Certification of Review of Program Start-Up Guide			7/14/14	If not already received
Submit Certification of Review of Tutorials and Protocols			7/14/14	If not already received
Submit Certification of Availability of Match Funds			7/14/14	If not already received
Submit Certification of Approval for use of Federal Funds			7/14/14	If not already received
Submit Certification of Organization Authorization			7/14/14	If not already received
Submit Draft Management Plan to OVCS (timeline through Pre-Contract Period Only)			7/14/14	
Receive Feedback/Approval from OVCS for Management Plan	Program Officer		7/28/14	
Submit Certification of Legal Review of Grievance Procedures			8/4/14	
Submit Final Management Plan with Required Signatures to OVCS			8/4/14	
Draft Program Design & Distribute to Team & OVCS for Comments (Major Elements of				
Program Design Below) Complete Disability Self-Assessment				
Complete Inclusion and Recruitment				
Plan Complete Training Plans for Members and Staff				
Complete Utilizing Media Plan				
Complete Service Day Plan				
Complete Grievance Procedures				
Complete Position Descriptions				
Complete Member Contracts				
Complete Evaluation Plan				
Complete Module C: Financial Review				
Complete all Partnership Agreements				
Complete Policies and Procedures				

Task	Person Solely Responsible	Person(s) Providing Support	Scheduled Completion Date	Actual Completion Date
Submit Alternative Search Protocol (if necessary)				
Submit First Draft of Program Design to OVCS for Feedback			8/14/14	
Receive feedback from OVCS			8/18/14	
Make revisions to Program Design as			8/25/14	
necessary and obtain necessary signatures on final document			-, -,	
Certify Health Insurance has been secured (if applicable)			8/25/14	
Contract Execution	Program Officer	Program Director		
Before Program Year Begins				
Begin Recruitment of Members				
Set up Member and Staff Filing System				
Interviewing of Members				
Selection of Members				
Conduct National Sex Offender Public				
Registry (NSOPR) checks for all				
members/staff (prior to enrollment date)				
Print NSOPR checks and place in				
member files				
Confirm enrollment of all members within 30 days of beginning enrollment	Program Director			
Start of Program Year				
Submit August Monthly report				
Submit August PER				
Conduct Regional Launch				
Announce program through media				
Obtain signed copies of Member				
Documents at enrollment				
Request a tracking number from VA				
State Police for background checks				
Have all members fingerprinted				
Submit fingerprints with form SP-24 to				
Virginia State Police				
Submit CPS check to VDSS				
Member Training				
Staff Training				

Task	Person Solely Responsible	Person(s) Providing Support	Scheduled Completion Date	Actual Completion Date			
Review Member Timesheets (this should	•						
be entered wherever appropriate							
throughout timeline, every 2 weeks?)							
Submit First Quarterly Report							
(Performance Measures Progress,							
Program Progress/CNCS Initiatives,							
Demographics, Successes/Challenges,							
Best Practices, Promoted Member							
Service Reports such as Great Stories,							
Volunteer Mobilization and Civic							
Engagement Activities)							
Submit First Aggregate Financial Report							
(AFR)							
Review member/staff CPS checks for							
eligibility							
Review member/staff State and FBI Form							
SP-24 results for eligibility							
Request Criminal History Records from							
State Police and FBI (if necessary)							
Conduct Site Visits (should be recurring	Program Dir	Site Sup.					
throughout timeline)							
Submit October Monthly Report							
Submit October PER							
Continue adding monthly reports, quarterly reports, PER's, Trainings, Member Evaluations, etc. to complete timeline through August of 2015							
Signatures:							
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	ive Dir.	 Da	te				
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		Date					
Program Officer, OVCS		 Da	te				